

SEP 26 2005

Atty Docket No. 021447-000710US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Aaron Roane

Group Art Unit 3739

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**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER Aaron Roane**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of CSABA TRUCKAI et al., Application No. 10/676,841, filed September 30, 2003 for ELECTROSURGICAL INSTRUMENT AND METHOD OF USE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal ( 1 page)
2. Amendment (7 pages)

Number of pages being transmitted, including this page: 9

Dated: 9/26/05



Shemekia N. Brown

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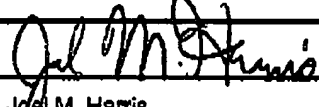
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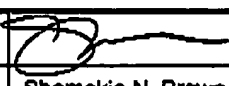
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/676,841	
	Filing Date	September 30, 2003	
	First Named Inventor	TRUCKAI, CSABA	
	Art Unit	3739	
	Examiner Name	Aaron Roane	
Total Number of Pages in This Submission	8	Attorney Docket Number	021447-000710US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel M. Harris		
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PATENT  
Attorney Docket No.: 021447-000710US

TOWNSEND and TOWNSEND and CREW LLP

By: 

Shemekia N. Brown

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

CSABA TRUCKAI et al.

Application No.: 10/676,841

Filed: September 30, 2003

For: ELECTROSURGICAL  
INSTRUMENT AND METHOD OF USE

Customer No.: 20350

Confirmation No. 3767

Examiner: Aaron Roane

Technology Center/Art Unit: 3739

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 08/25/05, please enter the following  
amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this  
paper.

Remarks/Arguments begin on page 7 of this paper.